



## Lane County Dental Society

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### Senior Low Cost Denture Program Patient Information

**What services may be included:**

- full, or partial, upper and/or lower dentures, relines and repairs.

**Who is eligible for a referral to participating dentists:**

- a patient must be a resident of Lane County and at least 55 years old;
- with annual income below \$20,000 if married and \$15,000 if single;
- and not be receiving public assistance.

**What dentists provide to eligible patients:**

- a free initial appointment for evaluation of patient needs and discussion of costs;
- a discount of dental office fees for denture services (does not apply to lab fees);
- all discounts are set by the dentist following the initial appointment;
- dentists-patient agreements are needed for further services.

**Who provides related dental services, e.g. extractions:**

- participating dentists may provide such service but are not required to;
- participating dentists instruct LCDS on whether their services are limited.

**How are referrals made:**

- patients complete a program application and telephone interview;
- eligible patients are referred by LCDS to dentists on a rotating basis;
- referral memos are faxed to the dental office for approval;
- upon approval, the dental office contacts the patient for scheduling.

**How long does it take:**

- patients will be contacted by LCDS 1-2 weeks after applications are received;
- depending on demand, application review and phone contact may be delayed;
- referrals are made for eligible patients after applications are approved;
- dental office initial appointment scheduling availability varies;
- a 4-6 week period from application to dental office appointment is average.

**What eligible patients should know:**

- denture services through this program are not free;
- the amount of any discount is in the sole discretion of the dentist;
- lab fees are not discounted;
- patients are under no obligation unless terms are agreed upon;
- only the initial evaluation appointment is free;
- dentists do not accept long term payment plans for lab costs or reduced fees;
- for additional information contact the Lane County Dental Society.



Send completed applications to LCDS by mail, fax or email to the address below.  
 LCDS will contact applicants directly by telephone for review of application.

## Lane County Dental Society

2300 Oakmont Way, Ste. 110 Eugene OR 97401 Tel. 541-686-1175 Fax 541-686-2392 Email lcdsmailbox@gmail.com

### Senior Low Cost Denture Program REGISTRATION FORM

(Please Print)

<b>Today's date:</b>			
<b>PATIENT INFORMATION</b>			
<b>Patient's last name:</b>		<b>First:</b>	<b>Middle:</b>
		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
		<b>Marital status (circle one)</b> Single / Mar / Div / Sep / Wid	
<b>Street address:</b>		<b>Apartment no.:</b>	<b>Home phone no.:</b> (    )
<b>P.O. Box:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
	<b>Email address:</b>		
<b>Mobile phone no.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	(    )	<b>Birth date:</b> /    /	<b>Age:</b>
			<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Are you employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, occupation:</b>	<b>Employer:</b>	
<b>Do you have dental insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Average monthly income: \$</b>	<b>Source(s) of income:</b>		
<b>Do you have a regular dentist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Approx. date of last checkup or dental services:</b>		
	<b>If yes, name:</b>	<b>Are you in urgent need of other dental services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, explain:	
<b>Do you already have dentures?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, how long have you had your current dentures?</b>		
<b>What type of services are you requesting?</b>			
<input type="checkbox"/> new dentures	<input type="checkbox"/> re-fit and/or repair current dentures	<input type="checkbox"/> other	<input type="checkbox"/> don't know
<b>What problems or discomfort are you experiencing?</b>			
<input type="checkbox"/> none	<input type="checkbox"/> gum or jaw irritation	<input type="checkbox"/> problems chewing	<input type="checkbox"/> lost or broken dentures
	<input type="checkbox"/> infection/abscess		
<input type="checkbox"/> other - please explain:			
<b>Do you have teeth that may need extraction (removal)?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes, where &amp; how many?:</b>	<input type="checkbox"/> upper <input type="checkbox"/> lower
<b>Are you able to get to/from a dental office unassisted?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If no, what are your special needs?:</b>	
<b>Have you read the Patient Information sheet?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Please add any comments or questions below or on separate page.</b>	

The above information is true and correct to the best of my knowledge.

sign here: \_\_\_\_\_